HAWAII FAMILY REGISTRY
CLINICAL DIAGNOSIS AND TREATMENT FORM

Name: _____ _____ _____
(Last) (First) (Initial)

Date of Birth: Month ___ ___ Day ___ ___ Year ___ ___ ___ ___

Gender: ❑ Male ❑ Female ❑ Unknown

CFR ID number: __ __ __ __ - __ __ __

I. BASELINE COLORECTAL CANCER (CRC) DIAGNOSIS

Baseline CRC Diagnosis Information (initial confirmation of CRC)

Diagnosis Information	Biopsy	Colorectal Resection
Clinic / Hospital		
Clinic Location		
Date of Procedure (M/D/Y)		
Medical Record Number		
Pathology Number		
Name of surgical MD		
Name of primary care MD		

Baseline Cancer Information (please include all CRC – synchronous, not mets - documented at initial diagnosis)

Cancer	Anatomic Site	4-Digit ICD-9 Code
1		
2		
3		
4		
5		
6		

Family history of colorectal cancer (please check all that apply)

- ❑ Yes (please specify): _____
- ❑ No

Preoperative symptoms (please check all that apply):

- ❑ None (asymptomatic, detected during routine screening)
- ❑ Bleeding
- ❑ Constipation
- ❑ Diarrhea
- ❑ Pain
- ❑ Weight loss
- ❑ Other (please specify): _____
- ❑ Unknown

Method of diagnosis: (please check all that apply)

- ❑ Colonoscopy
- ❑ Rigid Sigmoidoscopy
- ❑ Flexible Sigmoidoscopy
- ❑ Sigmoidoscopy NOS
- ❑ Barium Enema
- ❑ Chest X-ray
- ❑ Chest CT scan
- ❑ Abdominal/Pelvic CT scan
- ❑ Ultrasound
- ❑ Other: (please specify) _____
- ❑ Unknown

Type of <u>definitive</u> surgery following initial diagnosis:

- ❑ None
- ❑ Local tumor destruction, (laser, electrocautery, etc.,)
- ❑ Local surgical excision with specimen retrieval (polypectomy, snare, etc.,)
- ❑ Segmental resection (appendix, cecum, ascending colon, partial resection of transverse colon and/or flexures, descending colon, sigmoid colon, iliocolectomy, enterocolectomy, partial colectomy, resection NOS)
- ❑ Low anterior resection (rectum only)
- ❑ Abdominoperineal resection (rectum plus anus)
- ❑ Hemi-colectomy (not total, must include portion of transverse colon)
- ❑ Total colectomy (not rectum)
- ❑ Subtotal colectomy (not rectum)
- ❑ Colectomy NOS
- ❑ Segmental colectomy plus other organs (please list below)
- ❑ Hemi-colectomy plus other organs (please list below)
- ❑ Total or subtotal colectomy plus other organs (please list below)
- ❑ Abdominoperineal resection plus other organs (please list below)
- ❑ Other (please specifiy): _____
- ❑ Unknown

Other organs removed: (please list all)

- ❑ None
- ❑ Abdominal wall (retroperitoneum)
- ❑ Adrenal
- ❑ Appendix (do not include if part of resection)
- ❑ Bladder
- ❑ Gallbladder
- ❑ Kidney
- ❑ Liver
- ❑ Pancreas
- ❑ Prostate
- ❑ Ovary
- ❑ Small intestine
- ❑ Spleen
- ❑ Stomach
- ❑ Urethra
- ❑ Uterus
- ❑ Vagina
- ❑ Other (please specify): _____
- ❑ Unknown

If no definitive surgery was performed, please specify reason:

- ❑ Patient refusal
- ❑ Antecedant death
- ❑ Medical contraindication
- ❑ Other (please specify): _____
- ❑ Unknown
- ❑ Not Applicable

Summary of disease from pathology report:

pT _____
pN _____
pM _____
❑ Unknown

Summary of nodes from pathology report:

Number of nodes reported: ___ ___ ❑ Unknown
Number of positive nodes: ___ ___ ❑ Unknown

Pathological stage of disease (from all information available):

T : _____
N: _____
M: _____
❑ Unknown

Stage of Disease at Initial (baseline) Diagnosis

Old Method	Grouping			6th Edition
❑ Stage 0	Tis	NO	MO	❑ Stage 0
❑ Stage 1	T1 T2	NO	MO	❑ Stage 1
❑ Stage 2	T3	NO	MO	❑ Stage 2A
	T4	NO	MO	❑ Stage 2B
❑ Stage 3	T1 T2	N1	MO	❑ Stage 3A
	T3 T4	N1	MO	❑ Stage 3B
	Any T	N2	MO	❑ Stage 3C
❑ Stage 4	Any T	Any N	M1	❑ Stage 4
❑ Unknown	Unable to Stage			❑ Unknown

Other Pathology Identified at Initial (baseline) Diagnosis

Disease	Status		
Crohn's Disease	❑ Yes	❑ No	❑ Unknown
Ulcerative Colitis	❑ Yes	❑ No	❑ Unknown
Diverticulosis / Diverticulitis	❑ Yes	❑ No	❑ Unknown
Perforation	❑ Yes	❑ No	❑ Unknown
Other (please specify):			

Preoperative CEA (carcinembryonic antigen)

- ❑ Yes _____ (ug/L) or ❑ normal value
  - Date of test Month ___ ___ Day ___ ___ Year ___ ___ ___ ___
    Date unknown ❑
- ❑ No
- ❑ Unknown

Operative findings (obtain information from operative report and/or discharge summary)

- ❑ Tumor entirely resected (margins clear)
- ❑ Tumor not entirely resected (margins involved)
- ❑ Unknown

Margins of resection

- ❑ Negative
- ❑ Positive
  - If positive, affected margins were:
    - ❑ Proximal
    - ❑ Distal
    - ❑ Radial
    - ❑ Other (please specify): _____
- ❑ Unknown

Evidence of metastatic disease (obtain information from operative report and/or discharge summary)

- ❑ No evidence of metastatic disease
- ❑ Evidence of metastatic disease
  - If yes, indicate site(s) of metastases (check all that apply)
    - ❑ Abdominal wall
    - ❑ Ascites
    - ❑ Bone
    - ❑ Liver
    - ❑ Lung
    - ❑ Mesentery
    - ❑ Mesenteric nodes (distant)
    - ❑ Omentum
    - ❑ Ovaries
    - ❑ Peritoneum
    - ❑ Other (please specify): _____
- ❑ Unknown

Histological Characteristics for *each* primary diagnosed at baseline

Primary Tumor	Grade of Primary	Cell Type	Vascular Invasion	Lymphatic Invasion	Perineural Invasion
1	❑ Well differentiated ❑ Moderately differentiated ❑ Poorly differentiated ❑ Undifferentiated ❑ Unknown	❑ Adenocarcinoma ❑ Mucinous ❑ Signet cell ❑ Other: (specify) _____ ❑ Unknown	❑ Yes ❑ No ❑ Unknown	❑ Yes ❑ No ❑ Unknown	❑ Yes ❑ No ❑ Unknown
2	❑ Well differentiated ❑ Moderately differentiated ❑ Poorly differentiated ❑ Undifferentiated ❑ Unknown	❑ Adenocarcinoma ❑ Mucinous ❑ Signet cell ❑ Other: (specify) _____ Unknown	❑ Yes ❑ No ❑ Unknown	❑ Yes ❑ No ❑ Unknown	❑ Yes ❑ No ❑ Unknown
3	❑ Well differentiated ❑ Moderately differentiated ❑ Poorly differentiated ❑ Undifferentiated ❑ Unknown	❑ Adenocarcinoma ❑ Mucinous ❑ Signet cell ❑ Other: (specify) _____ Unknown	❑ Yes ❑ No ❑ Unknown	❑ Yes ❑ No ❑ Unknown	❑ Yes ❑ No ❑ Unknown
4	❑ Well differentiated ❑ Moderately differentiated ❑ Poorly differentiated ❑ Undifferentiated ❑ Unknown	❑ Adenocarcinoma ❑ Mucinous ❑ Signet cell ❑ Other: (specify) _____ Unknown	❑ Yes ❑ No ❑ Unknown	❑ Yes ❑ No ❑ Unknown	❑ Yes ❑ No ❑ Unknown
5	❑ Well differentiated ❑ Moderately differentiated ❑ Poorly differentiated ❑ Undifferentiated ❑ Unknown	❑ Adenocarcinoma ❑ Mucinous ❑ Signet cell ❑ Other: (specify) _____ Unknown	❑ Yes ❑ No ❑ Unknown	❑ Yes ❑ No ❑ Unknown	❑ Yes ❑ No ❑ Unknown
6	❑ Well differentiated ❑ Moderately differentiated ❑ Poorly differentiated ❑ Undifferentiated ❑ Unknown	❑ Adenocarcinoma ❑ Mucinous ❑ Signet cell ❑ Other: (specify) _____ Unknown	❑ Yes ❑ No ❑ Unknown	❑ Yes ❑ No ❑ Unknown	❑ Yes ❑ No ❑ Unknown

II. <u>FIRST COURSE OF TREATMENT</u> (E.g., Baseline, defined as treatment initiated within approximately 4 months from diagnosis date or the time needed to implement initial planned treatment without further spread of disease)

Did patient receive treatment <u>prior</u> to definitive colorectal cancer resection?

❑ Yes

→ ❑ Chemotherapy
❑ Radiation

❑ No

❑ Unknown

Was patient enrolled in a clinical trial at baseline?

- ❑ Yes (please specify): _____
- ❑ No
- ❑ Unknown

Was patient treated with radiation at baseline? (please attach all flow sheets where available)

- ❑ Yes ⟶
- ❑ No
- ❑ Unknown

Type of radiation treatment
❑ Adjuvant ❑ Palliative ❑ Unknown
Name of radiation oncologist(s)
_____ _____ ❑ Unknown
Facility where treatment provided
_____ ❑ Unknown
Date of first treatment
Month ___ ___ Day ___ ___ Year ___ ___ -___ ___ ❑ Unknown

Was patient treated with a chemotherapeutic regiment at baseline?

- ❑ Yes ⟶
- ❑ No
- ❑ Unknown

Type of chemotherapy
❑ Adjuvant ❑ Palliative ❑ Unknown
Name of oncologist(s)
_____ _____ ❑ Unknown
Height
Inches ___ ___ ___ or cm ___ ___ ___ ❑ Unknown
Weight
Pounds ___ ___ ___ or kg ___ ___ ___ ❑ Unknown
BSA (BMI)
___ ___ m^2 ❑ Unknown

<u>Course 1</u> of Baseline Chemotherapy (please attach all flow sheets where available)
Complete separate form for each course of therapy

Cycle Number	Name of Agent	Drug Dosage	IV / PO	Days Given	Date Given	Palliative Response
________	________________ ________________ ________________ ________________	__________ __________ __________ __________	_______ _______ _______ _______	________ ________ ________ ________	__ __ Day __ __ Month __ __ __ __ Year	❑ Progression ❑ Stable ❑ Minor ❑ Partial ❑ Complete ❑ Unknown
________	________________ ________________ ________________ ________________	__________ __________ __________ __________	_______ _______ _______ _______	________ ________ ________ ________	__ __ Day __ __ Month __ __ __ __ Year	❑ Progression ❑ Stable ❑ Minor ❑ Partial ❑ Complete ❑ Unknown
________	________________ ________________ ________________ ________________	__________ __________ __________ __________	_______ _______ _______ _______	________ ________ ________ ________	__ __ Day __ __ Month __ __ __ __ Year	❑ Progression ❑ Stable ❑ Minor ❑ Partial ❑ Complete ❑ Unknown
________	________________ ________________ ________________ ________________	__________ __________ __________ __________	_______ _______ _______ _______	________ ________ ________ ________	__ __ Day __ __ Month __ __ __ __ Year	❑ Progression ❑ Stable ❑ Minor ❑ Partial ❑ Complete ❑ Unknown
________	________________ ________________ ________________ ________________	__________ __________ __________ __________	_______ _______ _______ _______	________ ________ ________ ________	__ __ Day __ __ Month __ __ __ __ Year	❑ Progression ❑ Stable ❑ Minor ❑ Partial ❑ Complete ❑ Unknown
________	________________ ________________ ________________ ________________	__________ __________ __________ __________	_______ _______ _______ _______	________ ________ ________ ________	__ __ Day __ __ Month __ __ __ __ Year	❑ Progression ❑ Stable ❑ Minor ❑ Partial ❑ Complete ❑ Unknown
________	________________ ________________ ________________ ________________	__________ __________ __________ __________	_______ _______ _______ _______	________ ________ ________ ________	__ __ Day __ __ Month __ __ __ __ Year	❑ Progression ❑ Stable ❑ Minor ❑ Partial ❑ Complete ❑ Unknown
________	________________ ________________ ________________ ________________	__________ __________ __________ __________	_______ _______ _______ _______	________ ________ ________ ________	__ __ Day __ __ Month __ __ __ __ Year	❑ Progression ❑ Stable ❑ Minor ❑ Partial ❑ Complete ❑ Unknown

__________ **Course of Baseline Chemotherapy** (please attach all flow sheets where available)
Complete separate form for each course

Cycle Number	Name of Agent	Drug Dosage	IV / PO	Days Given	Date Given	Palliative Response
________	________________ ________________ ________________ ________________	__________ __________ __________ __________	_______ _______ _______ _______	________ ________ ________ ________	__ __ Day __ __ Month __ __ __ __ Year	❑ Progression ❑ Stable ❑ Minor ❑ Partial ❑ Complete ❑ Unknown
________	________________ ________________ ________________ ________________	__________ __________ __________ __________	_______ _______ _______ _______	________ ________ ________ ________	__ __ Day __ __ Month __ __ __ __ Year	❑ Progression ❑ Stable ❑ Minor ❑ Partial ❑ Complete ❑ Unknown
________	________________ ________________ ________________ ________________	__________ __________ __________ __________	_______ _______ _______ _______	________ ________ ________ ________	__ __ Day __ __ Month __ __ __ __ Year	❑ Progression ❑ Stable ❑ Minor ❑ Partial ❑ Complete ❑ Unknown
________	________________ ________________ ________________ ________________	__________ __________ __________ __________	_______ _______ _______ _______	________ ________ ________ ________	__ __ Day __ __ Month __ __ __ __ Year	❑ Progression ❑ Stable ❑ Minor ❑ Partial ❑ Complete ❑ Unknown
________	________________ ________________ ________________ ________________	__________ __________ __________ __________	_______ _______ _______ _______	________ ________ ________ ________	__ __ Day __ __ Month __ __ __ __ Year	❑ Progression ❑ Stable ❑ Minor ❑ Partial ❑ Complete ❑ Unknown
________	________________ ________________ ________________ ________________	__________ __________ __________ __________	_______ _______ _______ _______	________ ________ ________ ________	__ __ Day __ __ Month __ __ __ __ Year	❑ Progression ❑ Stable ❑ Minor ❑ Partial ❑ Complete ❑ Unknown
________	________________ ________________ ________________ ________________	__________ __________ __________ __________	_______ _______ _______ _______	________ ________ ________ ________	__ __ Day __ __ Month __ __ __ __ Year	❑ Progression ❑ Stable ❑ Minor ❑ Partial ❑ Complete ❑ Unknown
________	________________ ________________ ________________ ________________	__________ __________ __________ __________	_______ _______ _______ _______	________ ________ ________ ________	__ __ Day __ __ Month __ __ __ __ Year	❑ Progression ❑ Stable ❑ Minor ❑ Partial ❑ Complete ❑ Unknown

Were any other treatments provided? (please attach all documents where available)

- ❑ Yes (please specify): _____
- ❑ No
- ❑ Unknown

Were any alternative medical treatments provided?

- ❑ Yes (please specify): _____
- ❑ No
- ❑ Unknown

III. CLINICAL FOLLOW-UP SINCE BASELINE DIAGNOSIS

Disease Status in the Fours Years Following Initial Diagnosis

Cancer Status (check all that apply)	
Local / regional recurrence	❑ Yes ❑ No ❑ Unknown
Distant recurrence	❑ Yes ❑ No ❑ Unknown
New colorectal cancer primary	❑ Yes ❑ No ❑ Unknown
Non-colorectal cancer primary	❑ Yes ❑ No ❑ Unknown
Death	❑ Yes ❑ No ❑ Unknown

Has the patient been enrolled in a clinical trial since baseline?

- ❑ Yes (please specify): _____
- ❑ No
- ❑ Unknown

IV. FIRST LOCAL / REGIONAL RECURRENCE (please attach copies of documentation, including radiology reports, clinic notes, path reports, operative reports, etc. with date of documented first recurrence)

Has the patient been diagnosed with a local or regional recurrence?

- ❑ Yes
- ❑ No ***(please go to section V on page 15)***
- ❑ Unknown

Sites of Involvement at Time of First Local/regional Recurrence (please check all that apply)

Site	Date of Diagnosis (Month – day – year)
❑ Abdominal wall (not incision)	
❑ Anastamosis	
❑ Incisional	
❑ Mesentary	
❑ Pelvis	
❑ Other: (please specify): _____	
❑ Unknown	

Was patient treated surgically for local /regional recurrence?

- ❑ Yes (please specify): _____
- ❑ No
- ❑ Unknown

Date of surgical treatment: Month ___ ___ Day ___ ___ Year ___ ___ ___ ___

- ❑ Unknown

Medical facility providing surgical treatment: _____

- ❑ Unknown

Was patient enrolled in a clinical trial at first local / regional recurrence?

- ❑ Yes θ(please specify): _____
- ❑ No
- ❑ Unknown

Was patient treated with radiation therapy at first local recurrence? (please attach all flow sheets where available)

- ❑ Yes ⟶
- ❑ No
- ❑ Unknown

Type of radiation treatment
❑ Adjuvant ❑ Palliative ❑ Unknown
Name of radiation oncologist(s)
_____ _____ ❑ Unknown
Facility where treatment provided
_____ ❑ Unknown
Date of first treatment
Month ___ ___ Day ___ ___ Year ___ ___ -___ ___ ❑ Unknown

Was patient treated with a chemotherapeutic regiment at first local /regional recurrence?

- ❑ Yes ⟶
- ❑ No
- ❑ Unknown

Type of chemotherapy
❑ Adjuvant ❑ Palliative ❑ Unknown
Name of oncologist(s)
_____ _____ ❑ Unknow
Height
Inches ___ ___ ___ or cm ___ ___ ___ ❑ Unknown
Weight
Pounds ___ ___ ___ or kg ___ ___ ___ ❑ Unknown
BSA (BMI)
___ ___ m^2 ❑ Unknown

<u>Course 1</u> of Chemotherapy Treatment for First Local / Regional Recurrence (please attach all flow sheets where available) *Complete separate form for each course*

Cycle Number	Name of Agent	Drug Dosage	IV / PO	Days Given	Date Given	Palliative Response
________	________________ ________________ ________________ ________________	__________ __________ __________ __________	________ ________ ________ ________	________ ________ ________ ________	__ __ Day __ __ Month __ __ __ __ Year	❑ Progression ❑ Stable ❑ Minor ❑ Partial ❑ Complete ❑ Unknown
________	________________ ________________ ________________ ________________	__________ __________ __________ __________	________ ________ ________ ________	________ ________ ________ ________	__ __ Day __ __ Month __ __ __ __ Year	❑ Progression ❑ Stable ❑ Minor ❑ Partial ❑ Complete ❑ Unknown
________	________________ ________________ ________________ ________________	__________ __________ __________ __________	________ ________ ________ ________	________ ________ ________ ________	__ __ Day __ __ Month __ __ __ __ Year	❑ Progression ❑ Stable ❑ Minor ❑ Partial ❑ Complete ❑ Unknown
________	________________ ________________ ________________ ________________	__________ __________ __________ __________	________ ________ ________ ________	________ ________ ________ ________	__ __ Day __ __ Month __ __ __ __ Year	❑ Progression ❑ Stable ❑ Minor ❑ Partial ❑ Complete ❑ Unknown
________	________________ ________________ ________________ ________________	__________ __________ __________ __________	________ ________ ________ ________	________ ________ ________ ________	__ __ Day __ __ Month __ __ __ __ Year	❑ Progression ❑ Stable ❑ Minor ❑ Partial ❑ Complete ❑ Unknown
________	________________ ________________ ________________ ________________	__________ __________ __________ __________	________ ________ ________ ________	________ ________ ________ ________	__ __ Day __ __ Month __ __ __ __ Year	❑ Progression ❑ Stable ❑ Minor ❑ Partial ❑ Complete ❑ Unknown
________	________________ ________________ ________________ ________________	__________ __________ __________ __________	________ ________ ________ ________	________ ________ ________ ________	__ __ Day __ __ Month __ __ __ __ Year	❑ Progression ❑ Stable ❑ Minor ❑ Partial ❑ Complete ❑ Unknown
________	________________ ________________ ________________ ________________	__________ __________ __________ __________	________ ________ ________ ________	________ ________ ________ ________	__ __ Day __ __ Month __ __ __ __ Year	❑ Progression ❑ Stable ❑ Minor ❑ Partial ❑ Complete ❑ Unknown

Course ____ of Chemotherapy Treatment for First Local / Regional Recurrence (please attach all flow sheets where available) *Complete separate form for each course*

Cycle Number	Name of Agent	Drug Dosage	IV / PO	Days Given	Date Given	Palliative Response
______	______ ______ ______ ______	______ ______ ______ ______	______ ______ ______ ______	______ ______ ______ ______	__ __ Day __ __ Month __ __ __ __ Year	❑ Progression ❑ Stable ❑ Minor ❑ Partial ❑ Complete ❑ Unknown
______	______ ______ ______ ______	______ ______ ______ ______	______ ______ ______ ______	______ ______ ______ ______	__ __ Day __ __ Month __ __ __ __ Year	❑ Progression ❑ Stable ❑ Minor ❑ Partial ❑ Complete ❑ Unknown
______	______ ______ ______ ______	______ ______ ______ ______	______ ______ ______ ______	______ ______ ______ ______	__ __ Day __ __ Month __ __ __ __ Year	❑ Progression ❑ Stable ❑ Minor ❑ Partial ❑ Complete ❑ Unknown
______	______ ______ ______ ______	______ ______ ______ ______	______ ______ ______ ______	______ ______ ______ ______	__ __ Day __ __ Month __ __ __ __ Year	❑ Progression ❑ Stable ❑ Minor ❑ Partial ❑ Complete ❑ Unknown
______	______ ______ ______ ______	______ ______ ______ ______	______ ______ ______ ______	______ ______ ______ ______	__ __ Day __ __ Month __ __ __ __ Year	❑ Progression ❑ Stable ❑ Minor ❑ Partial ❑ Complete ❑ Unknown
______	______ ______ ______ ______	______ ______ ______ ______	______ ______ ______ ______	______ ______ ______ ______	__ __ Day __ __ Month __ __ __ __ Year	❑ Progression ❑ Stable ❑ Minor ❑ Partial ❑ Complete ❑ Unknown
______	______ ______ ______ ______	______ ______ ______ ______	______ ______ ______ ______	______ ______ ______ ______	__ __ Day __ __ Month __ __ __ __ Year	❑ Progression ❑ Stable ❑ Minor ❑ Partial ❑ Complete ❑ Unknown
______	______ ______ ______ ______	______ ______ ______ ______	______ ______ ______ ______	______ ______ ______ ______	__ __ Day __ __ Month __ __ __ __ Year	❑ Progression ❑ Stable ❑ Minor ❑ Partial ❑ Complete ❑ Unknown

Were any other treatments provided? (please attach all documents where available)

- ❑ Yes (please specify): _____
- ❑ No
- ❑ Unknown

Were any alternative medical treatments provided?

- ❑ Yes (please specify): _____
- ❑ No
- ❑ Unknown

Were any other local /regional recurrence sites identified after the 1st site was diagnosed?

- ❑ Yes
- ❑ No
- ❑ Unknown

Site	Date of Diagnosis (Month – day – year)
❑ Abdominal wall	
❑ Anastamosis	
❑ Incisional	
❑ Mesentary	
❑ Pelvis	
❑ Other: (please specify) _____	
❑ Unknown	

V. FIRST DISTANT RECURRENCE

Has the patient been diagnosed with a distant recurrence?

- ❑ Yes
- ❑ No (**go to section VI on page 20**)
- ❑ Unknown

Sites of involvement at time of first distant recurrence (please check all that apply; include all relevant documents such as radiology reports, clinic notes, operative reports, path reports, etc.)

Site	Date of Diagnosis (Month – day – year)
❑ Adrenal	
❑ Ascites	
❑ Bone	
❑ Brain	
❑ Liver	
❑ Lung	
❑ Non-mesenteric nodes (except supraclavicular) specify: _____	
❑ Supraclavicular lymph nodes	
❑ Skin (except incision) specify ❑ _____	
❑ Other: please specify: _____	

Was patient treated surgically for first distant recurrence?

- ❑ Yes (please specify): _____
- ❑ No
- ❑ Unknown

Date of surgical treatment: Day ___ ___ Month ___ ___ Year ___ ___ ___ ___

- ❑ Unknown

Medical facility of surgical treatment: _____

- ❑ Unknown

Was patient enrolled in a clinical trial at first distant recurrence?

- ❑ Yes
- ❑ No
- ❑ Unknown

Was patient treated with radiation therapy at first distant recurrence? (please attach all flow sheets where available)

- ❑ Yes ⟶
- ❑ No
- ❑ Unknown

Type of radiation treatment
❑ Adjuvant ❑ Palliative ❑ Unknown
Name of radiation oncologist(s)
_____ _____ ❑ Unknown
Facility where treatment provided
_____ ❑ Unknown
Date of first treatment
Month ___ ___ Day ___ ___ Year ___ ___ -___ ___ ❑ Unknown

Was patient treated with a chemotherapeutic regiment at first distant recurrence?

- ❑ Yes ⟶
- ❑ No
- ❑ Unknown

Type of chemotherapy
❑ Adjuvant ❑ Palliative ❑ Unknown
Name of oncologist(s)
_____ _____ ❑ Unknown
Height
Inches ___ ___ ___ or cm ___ ___ ___ ❑ Unknown
Weight
Pounds ___ ___ ___ or kg ___ ___ ___ ❑ Unknown
BSA (BMI)
___ ___ m^2 ❑ Unknown

<u>Course 1</u> of Chemotherapy Treatment for 1st Distant Recurrence (please attach all flow sheets where available)
Complete separate form for each course

Cycle Number	Name of Agent	Drug Dosage	IV / PO	Days Given	Date Given	Palliative Response
________	____________________ ____________________ ____________________ ____________________	____________ ____________ ____________ ____________	_________ _________ _________ _________	__________ __________ __________ __________	__ __ Day __ __ Month __ __ __ __ Year	❑ Progression ❑ Stable ❑ Minor ❑ Partial ❑ Complete ❑ Unknown
________	____________________ ____________________ ____________________ ____________________	____________ ____________ ____________ ____________	_________ _________ _________ _________	__________ __________ __________ __________	__ __ Day __ __ Month __ __ __ __ Year	❑ Progression ❑ Stable ❑ Minor ❑ Partial ❑ Complete ❑ Unknown
________	____________________ ____________________ ____________________ ____________________	____________ ____________ ____________ ____________	_________ _________ _________ _________	__________ __________ __________ __________	__ __ Day __ __ Month __ __ __ __ Year	❑ Progression ❑ Stable ❑ Minor ❑ Partial ❑ Complete ❑ Unknown
________	____________________ ____________________ ____________________ ____________________	____________ ____________ ____________ ____________	_________ _________ _________ _________	__________ __________ __________ __________	__ __ Day __ __ Month __ __ __ __ Year	❑ Progression ❑ Stable ❑ Minor ❑ Partial ❑ Complete ❑ Unknown
________	____________________ ____________________ ____________________ ____________________	____________ ____________ ____________ ____________	_________ _________ _________ _________	__________ __________ __________ __________	__ __ Day __ __ Month __ __ __ __ Year	❑ Progression ❑ Stable ❑ Minor ❑ Partial ❑ Complete ❑ Unknown
________	____________________ ____________________ ____________________ ____________________	____________ ____________ ____________ ____________	_________ _________ _________ _________	__________ __________ __________ __________	__ __ Day __ __ Month __ __ __ __ Year	❑ Progression ❑ Stable ❑ Minor ❑ Partial ❑ Complete ❑ Unknown
________	____________________ ____________________ ____________________ ____________________	____________ ____________ ____________ ____________	_________ _________ _________ _________	__________ __________ __________ __________	__ __ Day __ __ Month __ __ __ __ Year	❑ Progression ❑ Stable ❑ Minor ❑ Partial ❑ Complete ❑ Unknown
________	____________________ ____________________ ____________________ ____________________	____________ ____________ ____________ ____________	_________ _________ _________ _________	__________ __________ __________ __________	__ __ Day __ __ Month __ __ __ __ Year	❑ Progression ❑ Stable ❑ Minor ❑ Partial ❑ Complete ❑ Unknown

Course ______ of Chemotherapy Treatment for 1st Distant Recurrence (please attach all flow sheets where available) *Complete separate form for each course)*

Cycle Number	Name of Agent	Drug Dosage	IV / PO	Days Given	Date Given	Palliative Response
________	________________ ________________ ________________ ________________	__________ __________ __________ __________	________ ________ ________ ________	_________ _________ _________ _________	__ __ Day __ __ Month __ __ __ __ Year	❑ Progression ❑ Stable ❑ Minor ❑ Partial ❑ Complete ❑ Unknown
________	________________ ________________ ________________ ________________	__________ __________ __________ __________	________ ________ ________ ________	_________ _________ _________ _________	__ __ Day __ __ Month __ __ __ __ Year	❑ Progression ❑ Stable ❑ Minor ❑ Partial ❑ Complete ❑ Unknown
________	________________ ________________ ________________ ________________	__________ __________ __________ __________	________ ________ ________ ________	_________ _________ _________ _________	__ __ Day __ __ Month __ __ __ __ Year	❑ Progression ❑ Stable ❑ Minor ❑ Partial ❑ Complete ❑ Unknown
________	________________ ________________ ________________ ________________	__________ __________ __________ __________	________ ________ ________ ________	_________ _________ _________ _________	__ __ Day __ __ Month __ __ __ __ Year	❑ Progression ❑ Stable ❑ Minor ❑ Partial ❑ Complete ❑ Unknown
________	________________ ________________ ________________ ________________	__________ __________ __________ __________	________ ________ ________ ________	_________ _________ _________ _________	__ __ Day __ __ Month __ __ __ __ Year	❑ Progression ❑ Stable ❑ Minor ❑ Partial ❑ Complete ❑ Unknown
________	________________ ________________ ________________ ________________	__________ __________ __________ __________	________ ________ ________ ________	_________ _________ _________ _________	__ __ Day __ __ Month __ __ __ __ Year	❑ Progression ❑ Stable ❑ Minor ❑ Partial ❑ Complete ❑ Unknown
________	________________ ________________ ________________ ________________	__________ __________ __________ __________	________ ________ ________ ________	_________ _________ _________ _________	__ __ Day __ __ Month __ __ __ __ Year	❑ Progression ❑ Stable ❑ Minor ❑ Partial ❑ Complete ❑ Unknown
________	________________ ________________ ________________ ________________	__________ __________ __________ __________	________ ________ ________ ________	_________ _________ _________ _________	__ __ Day __ __ Month __ __ __ __ Year	❑ Progression ❑ Stable ❑ Minor ❑ Partial ❑ Complete ❑ Unknown

Were any other treatments provided? (please attach all documents where available)

- ❑ Yes (please specify) _____
- ❑ No
- ❑ Unknown

Were any alternative medical treatments provided?

- ❑ Yes (please specify) _____
- ❑ No
- ❑ Unknown

Were <u>any other</u> distant recurrence sites identified after the first site was diagnosed?

- ❑ Yes
- ❑ No
- ❑ Unknown

Other Sites of distant recurrence	Date of Diagnosis (Month – day – year)
❑ Ascites	
❑ Adrenal	
❑ Bone	
❑ Brain	
❑ Liver	
❑ Lung	
❑ Non-mesenteric nodes excluding supraclavicular nodes, please specify: _____	
❑ Supraclavicular nodes	
❑ Skin (exclude incision) Specify:_____	
❑ Other: (please specify) Specify:_____	
❑ Unknown	

VI. OTHER NON-COLORECTAL CANCER PRIMARY(S)

Has the patient been diagnosed with non-colorectal cancer since initial (baseline) diagnosis?

- ❑ Yes
- ❑ No (**go to section VII on page 21**)
- ❑ Unknown

Non-Colorectal Cancer Information

Cancer	Hospital	Date of Diagnosis	Anatomic Site	4Digit ICD-9 Code
1				
2				
3				
4				
5				

Non-Colorectal Cancer Staging Information

Cancer	Stage 0	Stage 1	Stage 2	Stage 3	Stage 4	Unknown
1	❑	❑	❑	❑	❑	❑
2	❑	❑	❑	❑	❑	❑
3	❑	❑	❑	❑	❑	❑
4	❑	❑	❑	❑	❑	❑
5	❑	❑	❑	❑	❑	❑

VII. NEW COLORECTAL CANCER PRIMARY(S) *please use separate form for each anachronous CRC primary diagnosed since baseline.*

Has the patient been diagnosed with a new colorectal primary since baseline?

- ❑ Yes
- ❑ No (**go to section VIII on page 29**)
- ❑ Unknown

New CRC Primary Diagnosis Information for First Metachronous Tumor

Diagnosis Information	Biopsy	Colorectal Resection
Clinic / Hospital		
Clinic Location		
Date of Procedure (M/D/Y)		
Medical Record Number		
Pathology Number		
Name of surgical MD		
Name of primary care MD		

Baseline Cancer Information (include any synchronous CRC diagnosed during above procedure)

Cancer	Anatomic Site	4-Digit ICD-9 Code
1		
2		
3		
4		
5		
6		

Preoperative symptoms (please check all that apply):

- ❑ None (asymptomatic, detected during routine screening)
- ❑ Bleeding
- ❑ Constipation
- ❑ Diarrhea
- ❑ Pain
- ❑ Weight loss
- ❑ Other (please specify): _____
- ❑ Unknown

Method of diagnosis: (please check all that apply)

- ❑ Colonoscopy
- ❑ Rigid Sigmoidoscopy
- ❑ Flexible Sigmoidoscopy
- ❑ Sigmoidoscopy NOS
- ❑ Barium Enema
- ❑ Chest X-ray
- ❑ Chest CT scan
- ❑ Abdominal/Pelvic CT scan
- ❑ Ultrasound
- ❑ Other (please specify): _____
- ❑ Unknown

Type of definitive surgery for colorectal cancer (please attach all pathology and operative reports)

- ❑ None
- ❑ Local tumor destruction, (laser, electrocautery, etc.,)
- ❑ Local surgical excision with specimen retrieval (polypectomy, snare, etc.,)
- ❑ Segmental resection (appendix, cecum, ascending colon, partial resection of transverse colon and/or flexures, descending colon, sigmoid colon, iliocolectomy, enterocolectomy, partial colectomy, resection NOS)
- ❑ Low anterior resection (rectum only)
- ❑ Adominoperineal resection (rectum and anus)
- ❑ Hemi-colectomy (not total, must include portion of transverse colon)
- ❑ Total colectomy (not rectum)
- ❑ Subtotal colectomy (not rectum)
- ❑ Colectomy NOS
- ❑ Segmental colectomy plus other organs (please list below)
- ❑ Hemi-colectomy plus other organs (please list below)
- ❑ Total or subtotal colectomy plus other organs (please list below)
- ❑ Abdominoperineal resection plus other organs (please list below)
- ❑ Other (please specifiy): _____
- ❑ Unknown

Other Organs Removed: (please list all)

- ❑ None
- ❑ Abdominal wall (retroperitoneum)
- ❑ Adrenal
- ❑ Appendix (do not include if part of resection)
- ❑ Bladder
- ❑ Gallbladder
- ❑ Kidney
- ❑ Liver
- ❑ Pancreas
- ❑ Prostate
- ❑ Ovary
- ❑ Small intestine
- ❑ Spleen
- ❑ Stomach
- ❑ Urethra
- ❑ Uterus
- ❑ Vagina
- ❑ Other (please specify): _____
- ❑ Unknown

If no definitive surgery was performed, please specify reason:

- ❑ Patient refusal
- ❑ Antecedant death
- ❑ Medical contraindication
- ❑ Other (please specify): _____
- ❑ Unknown

Summary of disease from pathology report:

pT _____
pN _____
pM _____
❑ Unknown

Summary of nodes from pathology report:

Number of nodes reported: ___ ___ ❑ Unknown
Number of positive nodes: ___ ___ ❑ Unknown
❑ Unknown

Pathological stage of disease (from all information available):

T : _____
N: _____
M: _____
❑ Unknown

Stage of Disease at Diagnosis

Old Method	Grouping			6th Edition
❑ Stage 0	Tis	NO	MO	❑ Stage 0
❑ Stage 1	T1 T2	NO	MO	❑ Stage 1
❑ Stage 2	T3	NO	MO	❑ Stage 2A
	T4	NO	MO	❑ Stage 2B
❑ Stage 3	T1 T2	NO	MO	❑ Stage 3A
	T3 T4	NO	MO	❑ Stage 3B
	Any T	N2	MO	❑ Stage 3C
❑ Stage 4	Any T	Any N	M1	❑ Stage 4
❑ Unknown	Unable to Stage			❑ Unknown

Other Pathology Identified

Disease	Status		
Crohn's Disease	❑ Yes	❑ No	❑ Unknown
Ulcerative Colitis	❑ Yes	❑ No	❑ Unknown
Diverticulosis / Diverticulitis	❑ Yes	❑ No	❑ Unknown
Perforation	❑ Yes	❑ No	❑ Unknown
Other (please specify):			

Preoperative CEA (carcinembryonic antigen)

❑ Yes _____ (ug/L) or ❑ normal value

→ Date of test Month ___ ___ Day ___ ___ Year ___ ___ ___ ___
Date unknown ❑

❑ No
❑ Unknown

Operative Findings (obtain information from operative report and/or discharge summary)

❑ Tumor entirely resected (margins clear)
❑ Tumor not entirely resected (margins involved)
❑ Unknown

Margins of Resection

- ❑ Negative
- ❑ Positive
  - If positive, affected margins were:
    - ❑ Proximal
    - ❑ Distal
    - ❑ Radial
    - ❑ Other (please specify) _____
- ❑ Unknown

Evidence of metastatic disease (obtain information from operative report and/or discharge summary)

- ❑ No evidence of metastatic disease
- ❑ Evidence of metastatic disease
  - If yes, indicate site(s) of metastases (check all that apply)
    - ❑ Abdominal wall
    - ❑ Ascites
    - ❑ Bone
    - ❑ Liver
    - ❑ Lung
    - ❑ Mesentery
    - ❑ Mesenteric nodes (distant)
    - ❑ Omentum
    - ❑ Ovaries
    - ❑ Peritoneum
    - ❑ Other (please specify): _____
- ❑ Unknown

Histological Characteristics for *each* synchronous primary diagnosed at time of first new primary

Tumor	Grade	Cell Type	Vascular Invasion	Lymphatic Invasion	Perineural Invasion
1	❑ Well differentiated ❑ Moderately differentiated ❑ Poorly differentiated ❑ Undifferentiated ❑ Unknown	❑ Adenocarcinoma ❑ Mucinous ❑ Signet cell ❑ Other: (specify) _____ ❑ Unknown	❑ Yes ❑ No ❑ Unknown	❑ Yes ❑ No ❑ Unknown	❑ Yes ❑ No ❑ Unknown
2	❑ Well differentiated ❑ Moderately differentiated ❑ Poorly differentiated ❑ Undifferentiated ❑ Unknown	❑ Adenocarcinoma ❑ Mucinous ❑ Signet cell ❑ Other: (specify) _____ Unknown	❑ Yes ❑ No ❑ Unknown	❑ Yes ❑ No ❑ Unknown	❑ Yes ❑ No ❑ Unknown
3	❑ Well differentiated ❑ Moderately differentiated ❑ Poorly differentiated ❑ Undifferentiated ❑ Unknown	❑ Adenocarcinoma ❑ Mucinous ❑ Signet cell ❑ Other: (specify) _____ Unknown	❑ Yes ❑ No ❑ Unknown	❑ Yes ❑ No ❑ Unknown	❑ Yes ❑ No ❑ Unknown
4	❑ Well differentiated ❑ Moderately differentiated ❑ Poorly differentiated ❑ Undifferentiated ❑ Unknown	❑ Adenocarcinoma ❑ Mucinous ❑ Signet cell ❑ Other: (specify) _____ Unknown	❑ Yes ❑ No ❑ Unknown	❑ Yes ❑ No ❑ Unknown	❑ Yes ❑ No ❑ Unknown
5	❑ Well differentiated ❑ Moderately differentiated ❑ Poorly differentiated ❑ Undifferentiated ❑ Unknown	❑ Adenocarcinoma ❑ Mucinous ❑ Signet cell ❑ Other: (specify) _____ Unknown	❑ Yes ❑ No ❑ Unknown	❑ Yes ❑ No ❑ Unknown	❑ Yes ❑ No ❑ Unknown
6	❑ Well differentiated ❑ Moderately differentiated ❑ Poorly differentiated ❑ Undifferentiated ❑ Unknown	❑ Adenocarcinoma ❑ Mucinous ❑ Signet cell ❑ Other: (specify) _____ Unknown	❑ Yes ❑ No ❑ Unknown	❑ Yes ❑ No ❑ Unknown	❑ Yes ❑ No ❑ Unknown

Did patient receive treatment prior to colorectal cancer resection for first new primary?

❑ Yes (if yes, please specify)

→ ❑ Chemotherapy
❑ Radiation

❑ No

❑ Unknown

Was patient enrolled in a clinical trial at diagnosis of first new primary?

- ❑ Yes (please specify) _____
- ❑ No
- ❑ Unknown

Was patient treated with radiation at diagnosis of first new primary? (please attach all flow sheets where available)

- ❑ Yes →
- ❑ No
- ❑ Unknown

Type of radiation treatment
❑ Adjuvant ❑ Palliative ❑ Unknown
Name of radiation oncologist(s)
_____ _____ ❑ Unknown
Facility where treatment provided
_____ ❑ Unknown
Date of first treatment
Month ___ ___ Day ___ ___ Year ___ ___ -___ ___ ❑ Unknown

Was patient treated with a chemotherapeutic regiment at diagnosis of first new primary?

- ❑ Yes →
- ❑ No
- ❑ Unknown

Type of chemotherapy
❑ Adjuvant ❑ Palliative ❑ Unknown
Name of oncologist(s)
_____ _____ ❑ Unknown
Height
Inches ___ ___ ___ or cm ___ ___ ___ ❑ Unknown
Weight
Pounds ___ ___ ___ or kg ___ ___ ___ ❑ Unknown
BSA (BMI)
___ ___ m^2 ❑ Unknown

First Course of Chemotherapy for 1st New Primary (please attach flow sheets) *Use separate form for each course of therapy*

Cycle Number	Name of Agent	Drug Dosage	IV / PO	Days Given	Date Given	Palliative Response
______	____________ ____________ ____________ ____________	________ ________ ________ ________	______ ______ ______ ______	______ ______ ______ ______	__ __ Day __ __ Month __ __ __ __ Year	❑ Progression ❑ Stable ❑ Minor ❑ Partial ❑ Complete ❑ Unknown
______	____________ ____________ ____________ ____________	________ ________ ________ ________	______ ______ ______ ______	______ ______ ______ ______	__ __ Day __ __ Month __ __ __ __ Year	❑ Progression ❑ Stable ❑ Minor ❑ Partial ❑ Complete ❑ Unknown
______	____________ ____________ ____________ ____________	________ ________ ________ ________	______ ______ ______ ______	______ ______ ______ ______	__ __ Day __ __ Month __ __ __ __ Year	❑ Progression ❑ Stable ❑ Minor ❑ Partial ❑ Complete ❑ Unknown
______	____________ ____________ ____________ ____________	________ ________ ________ ________	______ ______ ______ ______	______ ______ ______ ______	__ __ Day __ __ Month __ __ __ __ Year	❑ Progression ❑ Stable ❑ Minor ❑ Partial ❑ Complete ❑ Unknown
______	____________ ____________ ____________ ____________	________ ________ ________ ________	______ ______ ______ ______	______ ______ ______ ______	__ __ Day __ __ Month __ __ __ __ Year	❑ Progression ❑ Stable ❑ Minor ❑ Partial ❑ Complete ❑ Unknown
______	____________ ____________ ____________ ____________	________ ________ ________ ________	______ ______ ______ ______	______ ______ ______ ______	__ __ Day __ __ Month __ __ __ __ Year	❑ Progression ❑ Stable ❑ Minor ❑ Partial ❑ Complete ❑ Unknown
______	____________ ____________ ____________ ____________	________ ________ ________ ________	______ ______ ______ ______	______ ______ ______ ______	__ __ Day __ __ Month __ __ __ __ Year	❑ Progression ❑ Stable ❑ Minor ❑ Partial ❑ Complete ❑ Unknown
______	____________ ____________ ____________ ____________	________ ________ ________ ________	______ ______ ______ ______	______ ______ ______ ______	__ __ Day __ __ Month __ __ __ __ Year	❑ Progression ❑ Stable ❑ Minor ❑ Partial ❑ Complete ❑ Unknown

Course ______ of Chemotherapy Treatment for 1st New Primary (please attach all flow sheets where available) *Complete separate form for each course)*

Cycle Number	Name of Agent	Drug Dosage	IV / PO	Days Given	Date Given	Palliative Response
______	______ ______ ______ ______	______ ______ ______ ______	______ ______ ______ ______	______ ______ ______ ______	__ __ Day __ __ Month __ __ __ __ Year	☐ Progression ☐ Stable ☐ Minor ☐ Partial ☐ Complete ☐ Unknown
______	______ ______ ______ ______	______ ______ ______ ______	______ ______ ______ ______	______ ______ ______ ______	__ __ Day __ __ Month __ __ __ __ Year	☐ Progression ☐ Stable ☐ Minor ☐ Partial ☐ Complete ☐ Unknown
______	______ ______ ______ ______	______ ______ ______ ______	______ ______ ______ ______	______ ______ ______ ______	__ __ Day __ __ Month __ __ __ __ Year	☐ Progression ☐ Stable ☐ Minor ☐ Partial ☐ Complete ☐ Unknown
______	______ ______ ______ ______	______ ______ ______ ______	______ ______ ______ ______	______ ______ ______ ______	__ __ Day __ __ Month __ __ __ __ Year	☐ Progression ☐ Stable ☐ Minor ☐ Partial ☐ Complete ☐ Unknown
______	______ ______ ______ ______	______ ______ ______ ______	______ ______ ______ ______	______ ______ ______ ______	__ __ Day __ __ Month __ __ __ __ Year	☐ Progression ☐ Stable ☐ Minor ☐ Partial ☐ Complete ☐ Unknown
______	______ ______ ______ ______	______ ______ ______ ______	______ ______ ______ ______	______ ______ ______ ______	__ __ Day __ __ Month __ __ __ __ Year	☐ Progression ☐ Stable ☐ Minor ☐ Partial ☐ Complete ☐ Unknown
______	______ ______ ______ ______	______ ______ ______ ______	______ ______ ______ ______	______ ______ ______ ______	__ __ Day __ __ Month __ __ __ __ Year	☐ Progression ☐ Stable ☐ Minor ☐ Partial ☐ Complete ☐ Unknown
______	______ ______ ______ ______	______ ______ ______ ______	______ ______ ______ ______	______ ______ ______ ______	__ __ Day __ __ Month __ __ __ __ Year	☐ Progression ☐ Stable ☐ Minor ☐ Partial ☐ Complete ☐ Unknown

VIII. Death of Subject

Is subject is deceased?

- ❑ Yes
- ❑ No (please go to section IX below)
- ❑ Unknown

If yes, date of death: Month ___ ___ Day ___ ___ Year ___ ___ ___ ___

- ❑ Unknown

Cause of Death

- ❑ Colorectal Cancer
- ❑ Other, colorectal cancer present (specify cause): _____
- ❑ Other, no colorectal cancer present (specify cause): _____
- ❑ Unknown

Was autopsy performed at death?

- ❑ Yes
- ❑ No
- ❑ Unknown

Location of Death

- ❑ Hospital (specify): _____
- ❑ Home
- ❑ Hospice (specify): _____
- ❑ Other (specify): _____
- ❑ Unknown

IX. Last Clinical Information Available

Date of final chart note Month ___ ___ Day ___ ___ Year ___ ___ ___ ___

Patient has been referred to care of Dr. _____

Additional follow-up required

- ❑ Yes
- ❑ No
- ❑ Unknown

Date form completed: Month ___ ___ Day ___ ___ Year ___ ___ ___ ___

Abstractor's Initials: ____ ____ ____

Information sources: SEER database, Hawaii Tumor Registry abstracts (HTR), Medical Records (MR), Hospital Records (HR), Path Reports (PR)